

Regional Long Term Care Ethics Committee
Case Consultation Summary Report

Date of Consult _____ Worksheet Completed by: _____

Facility and Address _____

Resident's Initials _____ Resident's Age _____ Resident's Gender _____

Date of Admission to Facility _____

Case Consultation Team Members Present:

_____	_____
_____	_____
_____	_____
_____	_____

Statement of Ethical Dilemma or Ethical Conflict:

1. Pertinent Medical Information and Overview of Resident's Daily Life (Include Pain/Discomfort).
Principal Diagnosis and Prognosis:

2. Resident's Capacity to Express / Make Health Care Decisions

Instruction Directive / Living Will _____ Yes _____ No

Legal Guardian _____ Yes _____ No If yes, person named: _____

Health Care Proxy _____ Yes _____ No If yes, person named: _____

Other Evidence of Resident's Wishes: _____

3. Applicable Ethical Principles and Resident / Family Values, Support Systems

Religious Affiliation _____

4. Staff / Facility Values _____

5. Ideal Picture / Outcome Values

6. Burdens versus Benefits

(Summarize Treatment options and risks / benefits of each to parties involved)

7. Recommended Medical Treatment Goals, Actions and Follow-up.

(Recommendations should be described as Principled Resolutions)
